2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam MANA-T		1430		04-12-2007 90038 003 ***150.00
Principal Place of Business Mailing Address				
4332 NW 81 TERRACE		4332 NW 81 TERRACE		
CORAL SPRI	NGS, FL 33065 US	CORAL SPRINGS, FL 33	3065 US	
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	01052007 Chg-P CR2E034 (12/06)
City & Stat	ė	City & State	* - 1-1 * <u>u</u> .	4. FEI Number Applied For 65-0503872 Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
SEEMAN	EDWARD O		Name	
SEEMAN, EDWARD S 4332 NW 81 TERRACE SUITE 201			Street Addres	ss (P.O. Box Number is Not Acceptable)
	PRINGS, FL 33065			
			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc				
the obligat	tions of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Agent signatum reup	uned when reinstaing) DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Р	☐ Delete	TITLE	Change Addi
NAME STREET ADDRESS	SEEMAN, ED 4332 NW 81 TERRACE		NAME STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL		CITY-ST-ZIP	
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NAME	SEEMAN, AMY		NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AND SIGNATURE SIGNATURE OF PRINTED NAME OF SKONANG OFFICER OR DIRECTOR DOWN DOWN PORT OF THE PRINTED NAME OF SKONANG OFFICER OR DIRECTOR DOWN PORT OF THE PRINTED PORT OF THE PORT OF THE PRINTED PORT OF THE PRINTED PORT OF THE PRINTED PORT OF THE PRINTED PORT OF THE PORT OF THE PRINTED PORT OF THE PORT